

Medicaid Uniform Screening Program

Presented by:

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Medicaid Business Processes for LTC Programs

- Multiple LTC programs – currently each have their own distinctive access and management processes
 - Difficult to oversee and improve individual programs without a consistent approach and common processes
 - Costly to develop and maintain similar but separate access processes
 - Separate processes contribute to fragmentation and utilization that undermine overall LTC system effectiveness (inappropriate placements, inconsistent performance expectations, etc.)
 - Currently it is difficult to compare and contrast performance across LTC programs

Current Screening Processes

Medicaid Program/Service	Current Primary Screening Responsibility	Current Policy for State Level Review or Prior Approval	Primary Screening Tool Currently in Use
Nursing Facility Care	Local Physician	Appropriateness of NF Level of Care – Fiscal Agent PASARR – PASARR Contractor	FL-2 PASARR Level I & II Evaluation Form Nursing Facilities Tracking Form
Adult Care Home	Local physicians	None	FL-2
Private Duty Nursing	DMA Nurse	Prior approval by DMA nurse	Physician Request Form
CAP Waiver Program – Disabled Adults	Local Physician	Appropriateness of NF Level of Care Need – Fiscal Agent	FL-2
CAP Waiver Program for Disabled Adults – Choice	Local Physician	Appropriateness of NF Level of Care Need – Fiscal Agent	FL-2
CAP Waiver Program – Children	DMA	Prior Approval by DMA nurse	FL-2
Personal Care Services (PCS)	Local Physicians based on assessment of Home Care agency	None	PACT – new assessment tool
Personal Care Services Plus	Local physicians	Prior Approval by DMA Nurse	DMA 3000

Future: Common Framework for LTC Access/Management Processes

- Initial Access (NC CareLink)
 - Community outreach
 - Intake and what might be called pre-screening
 - I&R
 - Benefits Counseling
- Medical Eligibility For Medicaid funded LTC (USP)
 - Screening for medical need
 - PASARR Levels I and II
 - LOC Determinations/Prior Approvals

Future: Common Framework for LTC Access/Management Processes

- Case Management for LTC services (NC SelfCare)
 - Assessment
 - Planning (POCs, Application of Evidence Based Guidelines, Pathway Selection)
 - Service Authorizations
 - Plan Monitoring/Supervision

Future: Common Framework for LTC Access/Management Processes

- Program Oversight
 - Utilization Management
 - Quality Assurance (relative to process and structure standards)
 - Continuous Quality Improvement
 - Outcomes Tracking and Benchmarking

Primary Goals for Medicaid LTC Program Management Plan

- Improved management of Medicaid funded LTC programs through transformation of core business processes –
 - Reduce or eliminate program silos that contribute to fragmentation, duplication and gaps in service
 - Simplify access for recipients
 - Create uniformity for providers
 - Enhance accountability and productivity
 - Greater collaboration

Medical Eligibility Screening and Level of Care Determination Process

Underlying concepts

- One integrated screening process for all Medicaid LTC programs
- Expansion of PASARR to Adult Care Home admissions
- Addition of stronger mental health screening
- Expansion of prior approval/level of care process

Medical Eligibility Screening and Level of Care Determination Process

- Consolidate PASARR with (FL2) screening – one form; one integrated review process
- Determine if the applicant meets medical need criteria
- Determine if the applicant is primarily a MH system or LTC client
- Determine appropriate setting of LTC
- Determine what level of case management support the client might require

Uniform Screening Program

Benefits

- Helps ensure recipients get to the appropriate service and receive the appropriate level of care
- Reduces/eliminates paperwork for referring agencies
- Streamlines/simplifies IT support infrastructure
- Eliminates multiple screening processes

Uniform Screening Program

Benefits

- Shifts roles of state level personnel to higher impact responsibilities
- Reliability and accuracy of information
- Timeliness
- Permits on-line tracking

Initial Scope of USP

- Nursing Facility Care
- Adult Care Home Care Personal Care Services (basic, enhanced and special care unit care)
- CAP/DA
- CAP/CHOICE
- CAP/Children
- Personal Care Services
- Personal Care Services PLUS
- PACE
- Private Duty Nursing Care

USP Technical Assistance Group

- Implementation of the new Uniform Screening Program will require changes in Medicaid policies and procedures for screening, prior approval, service authorization and level of care determination.
- Important to sustain good communication with providers about the goals of the new Uniform Screening Program to ensure a successful transition.

USP Technical Assistance Group

- Central forum for
 - Reviewing overall design
 - Anticipating potential problem areas
 - Giving advice and recommending solutions to potential problems
 - Identifying policy changes and process changes
 - Thinking about the future and transition process

USP Technical Assistance Group

- Tight timetable - September 2007 initiate rollout

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